
**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

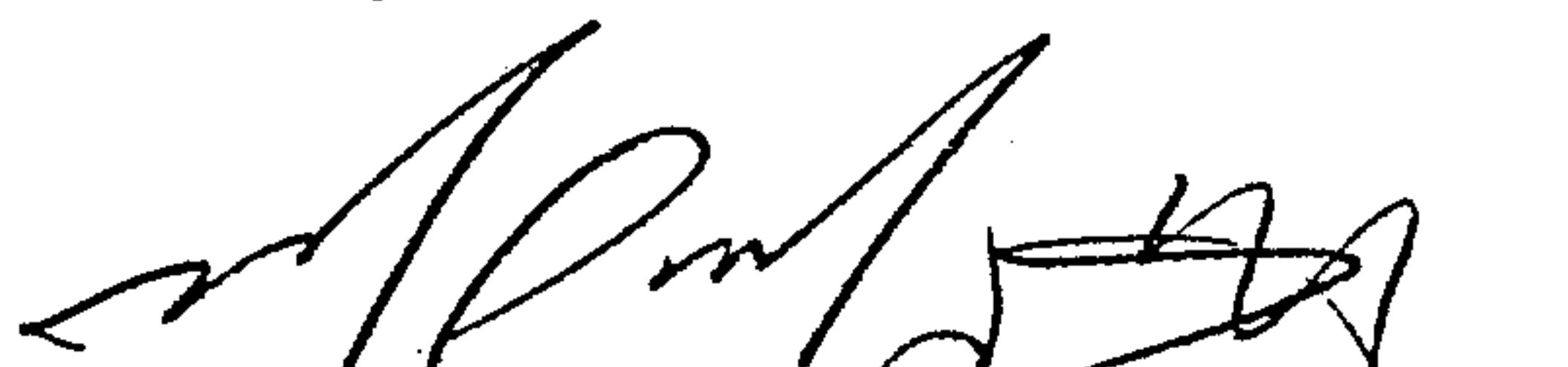
**JOHN D. PERKEY and :
THERESA M. PERKEY, :
Plaintiffs : CIVIL ACTION NO. 1:CV-00-1639
v. :
: JURY TRIAL DEMANDED
RELIABLE CARRIERS, INC., :
DANIEL JOSEPH BEMBEN and :
KENT, :
Defendants :**

ANSWERS TO INTERROGATORIES

AND NOW, this 15th day of May 2001, comes the plaintiffs, JOHN D. PERKEY and THERESA M. PERKEY, by their attorneys, IRWIN, MCKNIGHT & HUGHES, and submits the attached Answers to Interrogatories.

Respectfully Submitted:

IRWIN, McKNIGHT & HUGHES



Marcus A. McKnight, III, Esquire
60 West Pomfret Street
Carlisle, PA 17013
(717) 249-2353

Counsel for plaintiffs

Date: May 15, 2001.

(f) the nature of any compensation received.

WILL BE SUPPLIED.

7. State in detail the nature of the injury or injuries you allege that you suffered as a result of the incident referred to in the Complaint and with respect thereto, indicate the extent and nature of any disability, the location of pain suffered and duration and intensity of such pain, and whether you suffered restraint of your normal activities due to the injuries including the nature of such restraint and the date(s) of such restraint.

IN THIS ACCIDENT, I SUSTAINED AN INJURY TO MY LEFT KNEE. THE PAIN CONTINUES TO THIS DATE. I SUSTAINED A SEVERE INJURY TO MY RIGHT SHOULDER. I HAVE UNDERGONE SURGERY TO CORRECT THE PROBLEM. PAIN CONTINUES TO THIS DATE. I SUSTAINED A HERNIATED DISC IN MY BACK. THERE HAS BEEN NO SURGERY BUT I STILL EXPERIENCE PAIN LOWER BACK PAIN.

8. If you received any treatment with respect to the injuries allegedly suffered, state:

(a) the name and address of each physician, hospital, or health care provider in which you were treated or admitted;

BOARDMAN, OHIO HOSPITAL EMERGENCY ROOM
SEPTEMBER 15, 1998
DR. RYCHAK
DR. OSTDAHL

(b) the dates on which said treatment was rendered, including the dates of entry and discharge into and from said hospital or hospitals;

SEPTEMBER 15, 1998 BOARDMAN, OHIO HOSPITAL
HOSPITALIZED AT POLYCLINIC HOSPITAL FOR SHOULDER & NECK SURGERIES.

(c) describe the services rendered by each of the physicians, hospitals, or health care providers listed above; and

WILL BE SUPPLIED.

(f) the date on which you started work again, and the name and address of each employer for whom you have worked, with inclusive dates of employment, each job classification you have held, and each monthly or weekly rate of pay which you have received from the date you started work again after the accident to the present time.

ABF FREIGHT SYSTEMS, INC.

11. If you have incurred any medical bills or expenses of any kind in connection with the alleged injuries not heretofore listed, state the person with whom such bill was incurred, the amount of such bill, and the service or thing for which the bill was rendered.

WILL BE SUPPLIED.

12. If you are still receiving medical treatment or service of any nature whatsoever, state the name(s) or the person(s) attending you, the approximate frequency of the said treatment or service, and the date you least received said treatment or service.

YES.

DR. RYCHAK
DR. OSTDAHL

13. Have you consulted in the past ten (10) years with any physician, hospital, or health care provider for any illness, injury, surgical procedure, hospitalization, or institution? If so, indicate:

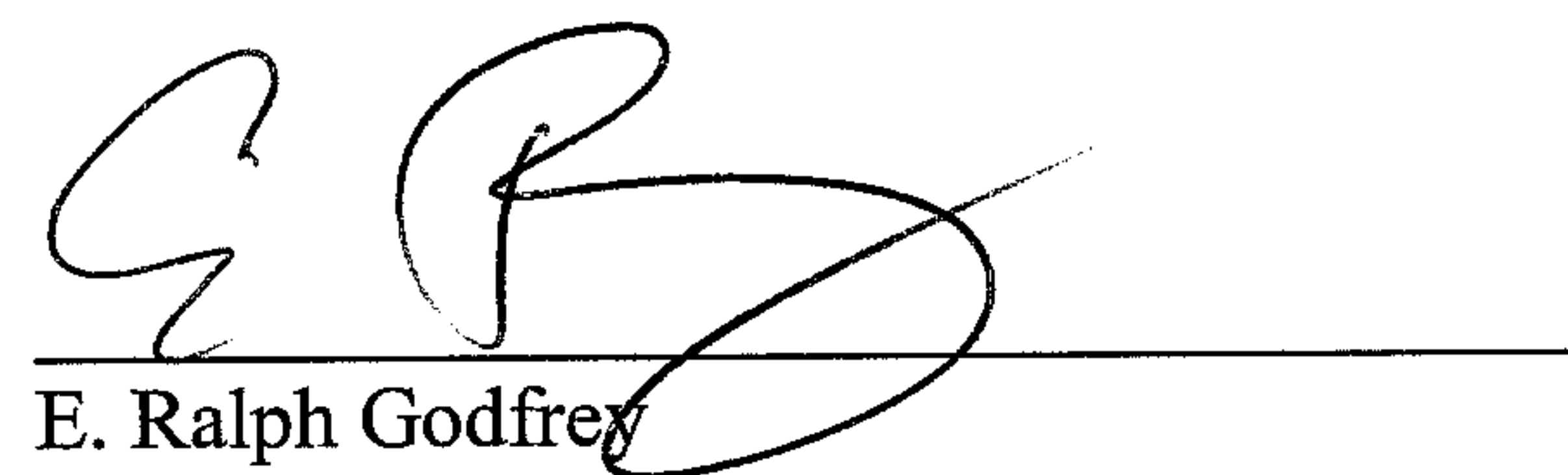
WILL PROVIDE RECORDS OF FAMILY PHYSICIAN.

(a) the name and address of the physician, hospital, or health care provider with whom you consulted or were treated;

CERTIFICATE OF SERVICE

AND NOW, this 19th day of May, 2003, I, E. Ralph Godfrey, Esquire, of Godfrey & Courtney, P.C., attorneys for Defendants Reliable Carriers, Inc. and Daniel Joseph Bemben, hereby certify that I served the foregoing Motion in Limine this day by depositing the same in the United States mail, postage prepaid, in Harrisburg, Pennsylvania, addressed to:

Marcus McKnight, Esquire
Mark D. Schwartz, Esquire
Irwin, McKnight & Hughes
60 West Pomfret Street
Carlisle, PA 17013


E. Ralph Godfrey